Application or Docket Number

PATENT APPLICATION FEFTOR TORMINATION BECORDADIV

Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			25					RATE	FEE]	RATE	FE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	710.	
.,						A STATE OF THE STA				1	V040		
TOTAL CHARGEABLE CLAIMS			3) 5 minus 20= 1* 5					X\$ 9=		OR	X\$18=	50	100
INDEPENDENT CLAIMS			minus 3°= -					X40=		OR	X80=		
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT	ESENT				+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	500	9,0
CLAIMS AS AMENDED - PART II											OTHER		
_			(Column 2) (C				SMALL		OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	IAL
δ	Total	. 25	Minus	·· 2	5	= O		X\$ 9=		OR	X\$18=		
ME	Independent	· 1	Minus	ر شم	3	= 0	ı	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		l	405			+270=		
							L	+135= TOTAL		OR	TOTAL	1-1	
							Α	DDIT. FEE		OR ,	ADDIT. FEE	U).
	E-TARAM TO	(Column 1) CLAIMS		(Colur		(Column 3)			1	. .			
MENDMENT B		REMAINING AFTER AMENAMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADE TION FEI	IAL
NON	Total	· ds	Minus	** ~	(5	=0		X\$ 9=		OR	X\$18=		
AME	Independent	* / NTATION OF MI	Minus	***	CLAIM	10		X40=		OR	X80=		
<u> </u>	TINOT THESE	WATION OF IM	JETH LE BEI	ENDEN	OLM	ا اسا	1	+135=		OR	+270=		
							Δ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADE TION FE	IAĿ
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽├	740-		OR	7,00=		
	Δ		L	0	#OT :			+135=		OR	+270=		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
**	If the "Highest Nu The "Highest Num	mber Previously Pa hber Previously Pa	aid For" (Total o	s SPACE i r Independ	is less tha ent) is the	an 3, enter "3." e highest numbe			propriate bo				